

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

ADDRESS (number and street) 4500 WITMER INDUSTRIAL ESTATES

Check if different than previously reported. (ACC) NIAGARA FALLS NY 14305

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00155069 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 04 / 01 / 2014 through [MM] / [DD] / [YYYY] 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MATT SCHIAVI

Signature of Treasurer MATT SCHIAVI [Electronically Filed] Date 07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="181323.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="182323.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11967.80"/>	<input type="text" value="18822.83"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="194290.98"/>	<input type="text" value="200146.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6879.13"/>	<input type="text" value="12734.54"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="187411.85"/>	<input type="text" value="187411.85"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Report Covering the Period: From: 04 / 01 / 2014 To: 06 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	177.85	177.85
(ii) Unitemized	11789.95	18644.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	11967.80	18822.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11967.80	18822.83
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11967.80	18822.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11967.80	18822.83

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	6879.13	12734.54
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6879.13	12734.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6879.13	12734.54

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11967.80	18822.83
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11967.80	18822.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

A. CARMELO AMATO JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 3330 MCKINLEY PKWY
 City State Zip Code
 BLASDELL NY 14219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OAKGROVE CONSTRUCTION INC LABORER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 208.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2014
Transaction ID : SA11AI.23652
 Amount of Each Receipt this Period
 43.38

B. ROBERT BRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13048 RT 438
 City State Zip Code
 GOWANDA NY 14070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TEBCO IRRIGATION LABORER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014
Transaction ID : SA11AI.23667
 Amount of Each Receipt this Period
 54.34

C. ROBERT BRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13048 RT 438
 City State Zip Code
 GOWANDA NY 14070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TEBCO IRRIGATION LABORER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014
Transaction ID : SA11AI.23490
 Amount of Each Receipt this Period
 25.80

SUBTOTAL of Receipts This Page (optional).....▶	123.52
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

A. MICHAEL GODZISZ
Full Name (Last, First, Middle Initial)

Mailing Address 91 OLIVER ST

City LOCKPORT State NY Zip Code 14095

FEC ID number of contributing federal political committee. **C**

Name of Employer LILL, FRANK & SON INC. Occupation LABORER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.23282

Amount of Each Receipt this Period
 12.11

B. MICHAEL GODZISZ
Full Name (Last, First, Middle Initial)

Mailing Address 91 OLIVER ST

City LOCKPORT State NY Zip Code 14095

FEC ID number of contributing federal political committee. **C**

Name of Employer LILL, FRANK & SON INC. Occupation LABORER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.23355

Amount of Each Receipt this Period
 16.80

C. DOMINICK L TALLARICO
Full Name (Last, First, Middle Initial)

Mailing Address 7822 PACKARD RD

City NIAGARA FALLS State NY Zip Code 14304

FEC ID number of contributing federal political committee. **C**

Name of Employer CIMINELLI LP CONST CORP Occupation LABORER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.23484

Amount of Each Receipt this Period
 25.42

SUBTOTAL of Receipts This Page (optional).....▶	54.33
TOTAL This Period (last page this line number only).....▶	177.85

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. EASTERN SEABORD CONFERENCE

Mailing Address 28 PELHAM STREET

City NEWPORT State RI Zip Code 02840

Purpose of Disbursement
CONFERENCE EXPENSE

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2014

Transaction ID : SB29.23683

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN CERETTO

Mailing Address 4645 PERRY COURT

City LEWISTON State NY Zip Code 14092

Purpose of Disbursement
POLITICAL CONTRIBUTION (NYS)

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2014

Transaction ID : SB29.23680

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. JOHN J. DELMONTE

Mailing Address P.O. BOX 2166 NMS

City NIAGARA FALLS State NY Zip Code 14301

Purpose of Disbursement
POLITICAL CONTRIBUTION NYS SUPREME COURT

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SB29.23678

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NATIONAL CHILD SAFETY COUNCIL

Mailing Address 5526 NIAGARA STREET

City LOCKPORT State NY Zip Code 14094

Purpose of Disbursement
DONATION

012
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2014

Transaction ID : SB29.23690

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. NIAGARA FALLS REPORTER

Mailing Address 1625 BUFFALO AVE.

City NIAGARA FALLS State NY Zip Code 14304

Purpose of Disbursement
ADVERTISING

004
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SB29.23682

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

C. NIAGARA FALLS REPORTER

Mailing Address 1625 BUFFALO AVE.

City NIAGARA FALLS State NY Zip Code 14304

Purpose of Disbursement
ADVERTISING

004
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Transaction ID : SB29.23684

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. NIAGARA FALLS REPORTER

Mailing Address 1625 BUFFALO AVE.

City NIAGARA FALLS State NY Zip Code 14304

Purpose of Disbursement
ADVERTISING

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : SB29.23685

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

B. NYS POLITICAL ACTION COMMITTEE

Mailing Address 18 CORPORATE WOODS BOULEVARD

City ALBANY State NY Zip Code 12211

Purpose of Disbursement
PAC CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SB29.23677

Amount of Each Disbursement this Period

250.97

Full Name (Last, First, Middle Initial)

C. NYS POLITICAL ACTION COMMITTEE

Mailing Address 18 CORPORATE WOODS BOULEVARD

City ALBANY State NY Zip Code 12211

Purpose of Disbursement
PAC CONTRIBUTION

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB29.23681

Amount of Each Disbursement this Period

688.16

SUBTOTAL of Disbursements This Page (optional)..... ▶

1689.13

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
LABORERS INTERNATIONAL UNION OF NORTH AMERICA - LOCAL NO. 91 POLITICAL ACTION FUND

Full Name (Last, First, Middle Initial)

A. PARADISE OPPORTUNITY INC.

Mailing Address 144 MILL STREET

City State Zip Code
BUFFALO NY 14212

Purpose of Disbursement
DONATION

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2014

Transaction ID : SB29.23692

Amount of Each Disbursement this Period

<input type="text" value="700.00"/>

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

<input type="text"/>

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

<input type="text"/>

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

<input type="text" value="700.00"/>

<input type="text" value="6639.13"/>
